DEDI AVAILABLE COPY

Application or Docket Number

PATENT	APPLICATION	FEE D	ETERMIN	NOITAN	RECORD

Effective October 1, 2000												
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE			OTHER THAN			
TOTAL CLAIMS		7				. [PATE	FEE] [RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA		BA	SIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS		7 minus 20= '		• 0			X\$ 9=		OR	X\$18=	, ,	
INDEPENDENT CLAIMS		i/ mir	nus 3 = 1				X40=		OR	X80=	80	
MULTIPLE DEPENDENT CLAIM PF			RESENT			+135=		OR	+270=	-00		
* If the difference in column 1 is less than zero, enter "0" in column 2					L	OTAL		OR	TOTAL	790		
	, / CI	LAIMS AS A	MENDED	- PAR	T II		,	· · · · ·	<u> </u>	10	OTHER	
10	17/15	(Column 1)		(Colu	mn 2)	(Column 3)	S	SMALL ENTITY OR SMALL ENTITY				
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ΨQ.	Total	. 7,	Minus	·· 2	20,	=/	;	K\$ 9=		OR	X\$18=	
AME	Independent	• 4	Minus	***	7	=/		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						آ	·135=		OR	+270=		
								TOTAL DIT. FEE		OR	TOTAL ADDIT: FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	יטא	DII. FEE				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	•	Minus	**		=] ;	K\$ 9=		OR	X\$18=	
AME	Independent		Minus	***	 	=	1	X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					┙┌	135=		OR	+270=			
							AD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Z DW	Total	•	Minus	**		=] [;	(\$ 9=		OR	X\$18=	
ME	Independent	•	Minus	***		[=		X40=		OR	X80=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	T CLAIM		┚┝╌		-			
	If the entry in cohin	mn 1 is less than t	he entry in colu	mn 2 writ	te "0" in co	lumn 3.	Ľ	135=		OR	+270=	
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												